

Mason General Hospital
Uncompensated/Charity Care Policy
Effective 08/01/2008

MISSION

MASON GENERAL HOSPITAL is committed to the provision of health care services to all persons in need of medical attention regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of charity care, consistent with the requirements of the Washington Administrative Code, Chapter 246-453, are established.

COMMUNICATIONS TO THE PUBLIC

HOSPITAL'S charity care policy shall be made publicly available through the following elements:

- A. A notice advising patients that the hospital provides charity care shall be posted in key areas of the hospital, including Admissions, the Emergency Department, and Financial Services.
- B. The hospital will distribute a written notice indicating the policy to patients at the time of admission by means of the Conditions of Admission form. This written information may also be verbally explained at this time. The patient must then sign the Conditions of Admission, indicating that he/she was duly informed of the availability of charity/uncompensated care. A copy of the signed conditions of admission will be placed in the patient's file. If for some reason, for example in an emergency situation, the patient is not notified of the existence of charity care before receiving treatment he/she shall be notified as soon as possible thereafter.
- C. Both the written information and the verbal explanation shall be available in any language spoken by more than ten percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited-English speaking patients and for other patients who cannot understand the writing and/or explanation. The hospital finds that the following non-English translation(s) of this document shall be made available: Spanish.
- D. The hospital shall train front-line staff to answer charity care questions effectively or direct such inquiries to the appropriate department in a timely manner.
- E. Written information about the hospital's Charity Care Policy shall be made available to any person who requests the information, either by mail, by telephone or in person. The hospital's sliding fee schedule, if applicable, shall also be made available upon request.

ELIGIBILITY CRITERIA

Charity care is generally secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations (e.g. auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

The medically indigent patient will be granted charity care regardless of race, color, sex, religion, age, national origin, or immigration status.

In those situations where appropriate primary payment sources are not available, patients shall be considered for charity care under this hospital policy based on the following criteria consistent with

requirements of WAC 246-453-040 and WAC 246-453-050:

A. The full amount of hospital charges will be determined to be charity care for a patient whose gross family income is at or below 100% of the current federal poverty level (consistent with WAC 246-435).

- The following sliding fee schedule shall be used to determine the amount that shall be written off for patients with incomes between 101% and 400% of the current federal poverty level.

Without Charge

At a Reduced Rate

Size of Family	Poverty Guideline	Greater Than	Less Than	Greater Than	Less Than	Greater Than	Less Than
1	10,400	10,400	14,560	14,560	18,720	18,720	22,880
2	14,000	14,000	19,535	19,535	25,118	25,118	30,695
3	17,600	17,600	24,510	24,510	31,515	31,515	38,510
4	21,200	21,200	29,485	29,485	37,913	37,913	46,325
5	24,800	24,800	34,459	34,459	44,310	44,310	48,642
6	28,400	28,400	39,434	39,434	46,526	46,526	51,074
7	32,000	32,000	41,406	41,406	48,852	48,852	53,627
8	35,600	35,600	43,476	43,476	51,294	51,294	56,309
Discount	100%	90%		80%		70%	

Size of Family	Greater Than	Less Than	Greater Than	Less Than	Greater Than	Less Than	Greater Than	Less Than
1	22,880	27,040	27,040	31,200	31,200	35,360	35,360	41,600
2	30,695	36,276	36,276	41,857	41,857	47,438	47,438	55,809
3	38,510	45,512	45,512	52,514	52,514	59,516	59,516	70,018
4	46,325	54,748	54,748	63,171	63,171	71,594	71,594	84,228
5	48,642	57,485	57,485	66,329	66,329	75,173	75,173	88,439
6	51,074	60,360	60,360	69,646	69,646	78,932	78,932	92,861
7	53,627	63,378	63,378	73,128	73,128	82,878	82,878	97,504
8	56,309	66,547	66,547	76,784	76,784	87,022	87,022	102,379
Discount	60%		50%		40%		30%	

Add \$3480 for each additional family member over 8

B. Catastrophic Charity. The hospital may write off as charity care amounts for patients with family income in excess of 400% of the federal poverty level standards or at a higher percentage for those above 100% of the poverty guidelines when circumstances indicate severe financial hardship or personal loss.

The responsible party's financial obligation which remains after the application of any sliding fee schedule shall be payable in monthly installments according to the hospital's usual payment schedule, or as negotiated between the hospital and the responsible party. The responsible party's account shall not be turned over to a collection agency unless payments are missed or there is some period of inactivity on the account, and there is no satisfactory contact with the patient.

HOSPITAL shall require a disclosure of resources from charity care applicants.

PROCESS FOR ELIGIBILITY DETERMINATION

A. Initial Determination:

1. The hospital shall use an application process for determining eligibility for charity care. Requests to provide charity care will be accepted from sources such as physicians, community or religious groups, social services, financial services personnel, and the patient or responsible party.
2. During the patient registration process, or at any time prior to the final payment of the bill and after the patient has been notified of the existence and availability of charity care, the hospital will make an initial determination of eligibility based on a written application for charity care.
3. Pending final eligibility determination, the hospital will not initiate collection efforts or request deposits, provided that the responsible party is cooperative with the hospital's efforts to reach a final determination of sponsorship status.
4. For the purposes of a charity care application, there must be full declaration of all family members living in the household at the time of the application. Children may be counted if they qualify as dependents on tax returns of those in the household and the tax returns are shown as part of the application.

If the hospital becomes aware of factors which might qualify the patient for charity care under this policy, it shall advise the patient of this potential and make available the forms necessary to make a charity care determination possible. It will be the patient's responsibility to complete the forms and provide them with all necessary documentation to the hospital for the purpose of making a charity care determination.

B. Final Determination:

1. Prima Facie Write-Offs. In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital can establish that the applicant's income is clearly within the range of eligibility, the hospital will grant charity care based solely on this initial determination. In these cases, the hospital is not required to complete full verification or documentation. (In accordance with WAC 246-453-030 (3)).
2. Charity care forms, instructions, and written applications shall be furnished to patients when charity care is requested, when need is indicated, or when financial screening indicates potential

need. Applications, whether initiated by the patient or the hospital, should be accompanied by documentation to verify income amounts for each family member indicated on the application form. Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care eligibility:

- a. W-2" withholding statement(s) for all employment for household the family members during the relevant time period;
 - b. Pay stubs from all employment for the family members during the relevant time period; Income tax return for the family members from the most recently filed calendar year;
 - c. Forms approving or denying unemployment compensation for any family member in the household, if adequate income information is included on these forms: or
 - d. Written statements from employers or DSHS employees for any/all family members, if deemed sufficient by hospital.
3. During the initial request period, all patients who are potentially eligible for other sources of funding including Medical Assistance and/or Medicare will be required to pursue them.
**Denials from Medical Assistance purely on the basis of failure to apply timely or failure to provide needed information will not be sufficient documentation alone. If the patient is unable (due to circumstances beyond their control) to make application for medical assistance, the hospital or its agents will assist in this process. The Hospital may not require that a patient applying for a determination of indigent status seek bank or other loan source funding.
4. The relevant time period for which documentation will be requested will be 12 months prior to the date of application.
5. In the event that the responsible party is not able to provide any of the documentation described above due to circumstances beyond the responsible party's control, the hospital may rely upon written and signed statements from the responsible party, responsible party's landlord, or other pertinent documentation for making a final determination of eligibility for classification as an indigent person. (WAC 246-453-030 (4)).
- C. The hospital will allow a patient to apply for charity care at any point from pre-admission to final payment of the bill, recognizing that a patient's ability to pay over an extended period may be substantially altered due to illness or financial hardship, resulting in a need for charity services. Everyone is afforded the opportunity to learn about the option of Charity Care at the time of admission by signing the "Conditions of Admission Form". If the change in financial status is temporary, the hospital may choose to suspend payments temporarily rather than initiate charity care.
- D. Time frame for final determination and appeals.
1. Each charity care applicant shall be provided with at least thirty (30) calendar days, or such time as may reasonably be necessary, to secure and present documentation in support of his or her charity care application prior to receiving a final determination of sponsorship status.
 2. The hospital shall notify the applicant of its final determination within fourteen (14) days of receipt of all application and documentation material.
 3. The patient/guarantor may appeal the determination of eligibility for charity care by providing additional verification of family income or family size to the Patient Accounts Representative within thirty (30) days of receipt of notification.

4. The timing of reaching a final determination of charity care status shall have no bearing on the identification of charity care deductions from revenue as distinct from bad debts, in accordance with WAC 246-453-020 (10).
- E. If the patient has paid some or the entire bill for medical services and is later found to have been eligible for charity care at the time services were provided, he/she shall be reimbursed for any amounts in excess of what is determined to be owed. The patient will be reimbursed within thirty (30) days of receiving the charity care designation.
- F. Charity Care applications will be used for current balances owed at the time of final determination only. Inclusion of services occurring within the next 30 days after the final determination may be included at the discretion of the Patient Accounts Manager. For services that occur more than 30 days after a final determination for charity care services, a new application may be required.
- G. The hospital reserves the right to reverse a charity care decision when it is determined that there has been a recovery from a third party.
- H. If any information given in the application process proves to be untrue, the hospital reserves the right to re-evaluate the financial status of the applicant and take whatever action becomes appropriate including reversing the decision to allow charity care. The hospital may verify all information given in each application including employment history and may check the information given with available credit bureaus or any other source named in the application or available to the hospital.
- I. Adequate notice of denial:
 1. When a patient's application for charity care is denied, the patient shall receive a written notice of denial which includes:
 - a. The reason or reasons for the denial and the rules to support the hospital's decision;
 - b. The date of the decision; and
 - c. Instructions for appeal or reconsideration.
 2. When the applicant does not provide requested information and there is not enough information available for the hospital to determine eligibility, the denial notice also includes:
 - a. A description of the information that was requested and not provided, including the date the information was requested;
 - b. A statement that eligibility for charity care cannot be established based on information available to the hospital; and
 - c. That eligibility will be determined if, within thirty days from the date of the denial notice, the applicant provides all specified information previously requested but not provided.
 3. The Business Office Manager and Patient Accounts Representative will review all appeals. If this review affirms the previous denial of charity care, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

DOCUMENTATION AND RECORDS

- A. Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.
- B. Documents pertaining to charity care shall be retained for five (5) years.